



Challenge TB—Ukraine

Year 1

Quarterly Monitoring Report

April—June 2015

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Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 1 ACTIVITY PROGRESS	7
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 416	
5. SUCCESS STORIES – PLANNING AND DEVELOPMENT	19
6. MDR TB CASES DETECTED AND INITIATING SECOND LINE TREATMENT IN COUNTRY	20
7. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	21
8. FINANCIAL OVERVIEW	24

Cover photo: Launch of the Challenge TB project in Mykolayivska oblast: signing of the Protocol on Project Collaboration. (Credit: Valentina Polunya.)

1. Quarterly Overview

Country	Ukraine
Lead partner	PATH
Other partners	KNCV
Work plan time frame	October 2014–September 2015
Reporting period	April–June 2015

Most significant achievements:

This report covers the Challenge TB (CTB) project's progress and achievements during the third quarter of project Year 1 (April 1–June 30, 2015). During the reporting period, PATH staff collaborated with KNCV Tuberculosis Foundation (KNCV), the United States Agency for International Development (USAID), the Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health of Ukraine (UCDC), and partners from Poltavaska and Mykolayivska oblasts to implement the Year 1 work plan. In this period, the project continued to expand and improve a model for a patient-centered approach to multidrug-resistant tuberculosis (MDR-TB) care, based on ambulatory treatment and quality improvement of MDR-TB control services, with the aim of achieving the project's objective of improved MDR-TB treatment success rates in project oblasts.

CTB launched the project in Poltavaska oblast on April 8, and in Mykolayivska oblast on April 28. During the launch, the goal and objectives of the Project were introduced to the oblast partners to ensure their understanding, commitment and involvement at all stages of the project implementation process, from planning and interventions to monitoring and evaluation. Officials from the national and oblast level participated in the oblast launch meetings and acknowledged the high importance of the CTB project strategy and activities for supporting TB control priorities in Ukraine. In Poltavaska oblast, the project was introduced at the launch meeting attended by TB and primary health care providers. Dr. Viktor Lysak, Head of the oblast Health Department; the oblast Chief Therapist; and heads of the oblast TB, Primary Health, Ukrainian Red Cross Society (URC), and Infectious Diseases Services also participated in the launch. In Mykolayivska oblast, 45 participants attended the launch event. These included Dr. Olga Pavlova, Deputy Head of UCDC; Dr. Erika Vitek, Senior TB Advisor of USAID Mission for Ukraine, Belarus, and Moldova; PATH staff; Mykolayivska oblast Deputy Governor Oksana Yanishevskaya; Dr. Margarita Kapusta, Head of the oblast Health Department; and heads of oblast TB, Primary Health, Infectious Diseases; and Narcology Services. The Protocol on Project Collaboration (i.e., Memorandum of Understanding) was signed during the meeting by Mykolayivska oblast Deputy Governor and PATH.

The project has also intensified training and technical assistance efforts to build the government TB control system capacity to adequately address the growing burdens of MDR-TB and extensively resistant TB (XDR-TB). During the previous years, there were multiple sets of training presentations developed by various projects addressing different aspects of TB management. Nevertheless, these presentations were outdated, not well-integrated and all needing updating. So, to create a well-informed TB work force, PATH and consultants worked on developing training curriculum to be used as the guide for trainers in different settings and harmonize, update and consolidate presentations according to the Ukrainian national TB Protocol and international recommendations. During the reporting period, PATH and consultants finalized a comprehensive training curriculum on TB case management. The curriculum reflects the newest World Health Organization (WHO) guidelines and recommendations as well as the latest Ukrainian TB protocol, approved in 2014 (Order #620). Training materials include a training agenda, a set of training modules, curriculum methodology, training presentations, case studies, role-plays, tasks for individuals, and group exercises. The curriculum addresses all areas of TB, MDR/XDR-TB, TB/HIV diagnosis and case

management, side-effects management, infection control, and monitoring and evaluation, with special attention to the ambulatory stage of care. The curriculum will be used by PATH staff and local Ukrainian consultants to conduct training events in project sites. It is versatile and can be tailored to the needs of particular audiences within the project components, including TB providers, infection specialists working in AIDS centers, primary health care providers, nurses in TB hospitals, directly observed therapy (DOT) offices, family ambulances, URC nurses, and others. The final draft curriculum has been prepared. It will be proofread and sent for approval to USAID Mission and KNCV during Quarter 4 of the project and then handed over to the UCDC and other partners, to be used for trainings including trainings under the Global Fund grant.

PATH supported the UCDC by raising awareness among key policymakers on the global TB strategy and the European regional response to the TB epidemic. The CTB project supported the participation of Professor Natalia Nizova, Head of UCDC; and Deputy Head Dr. Olga Pavlova in the 17th Wolfheze Workshops/13th WHO National TB Program Managers Meeting. During the meeting the End TB in Europe Strategy was presented and discussed. The participation in the meeting was important momentum to increase the understanding and commitment of the Ukrainian NTP leadership in the End TB in Europe strategy and provide them with the opportunity to participate in the discussion of the strategy with the colleagues from other countries in the region and international organizations. Immediately following the meeting was the consultation of Drs. Nizova and Pavlova with PATH and WHO team about the main steps that need to be done to develop the Ukrainian End Tb strategy and translate it into practical measures.

The draft MDR-TB outpatient management algorithm was developed and pretested in Poltavaska oblast. The algorithm will allow individual patients to choose the location of their treatment based on available and feasible options (e.g. ongoing hospitalization, treatment at a general polyclinic, treatment from a Primary care providers, home-based treatment from social service organizations). The purpose of ambulatory care for MDR-TB is to maximize the benefits to the patient while minimizing the costs to both the patient and the health care system.

Two round tables were conducted to discuss and adjust the algorithm and identify barriers that need to be addressed before the algorithm is introduced in practice. During the round table, participants emphasized a need to develop concrete patient pathways at the district/community level based on a patient-centered approach to ensure a continuum of care among all health and community organizations involved and to help ensure treatment completion under DOT.

In Mykolayivska oblast, a working group for algorithm development was formally established by oblast Order #306 on June 3. The group includes 14 representatives from TB and primary health care services. Mykolayivska oblast is using the draft algorithm developed in Poltavaska oblast as the base and adjusting it addressing the local specifics. There were two meetings of the group, during which members discussed key barriers and opportunities and ways to overcome it that will be reflected in the algorithm. The algorithm in Mykolayivska oblast will be finalized in the Quarter 4 of the project. The implementation will start in the selected rayons of the oblast first and then expanded to the whole oblast in the Year 2 of the project.

A subaward was signed and a joint plan of action was developed with the National Committee of the Ukrainian Red Cross Society (URC) to bolster advocacy and community involvement and provide support to MDR-TB patients at the ambulatory stage of treatment and ensure DOT. The goal is to improve MDR-TB treatment outcomes. Under the subaward, the URC will: carry out collaborative activities with TB medical facilities to provide DOT services to patients who choose to receive follow-up MDR TB treatment at the outpatient stage; work with TB patients who have interrupted their treatment to identify and address the reasons for interruption in order to convince them to complete treatment; and inform local authorities of project results and attract local budget funds to sustain program implementation.

To ensure compliance with proper infection control (IC) measures in TB facilities in all health care settings and in communities, the CTB project assisted project oblasts to develop oblast IC plans and to revise oblast TB hospitals' IC plans. During the reporting period, IC working groups were created in both project oblasts (in Mykolayivska oblast under the supervision of the Oblast Health Department, and in Poltavaska under the

Oblast Coordinating Committee on HIV and Other Social Diseases). The Poltavaska oblast IC TB Hospital Plan was reviewed and minimally revised. The Mykolaivska oblast IC TB Hospital Plan was reviewed and significantly revised during a two-day workshop. The main revision focused on strengthening administrative control measures, particularly in high-risk settings. CTB project will consider providing technical assistance in monitoring of the implementation of the developed IC protocols in both oblasts during the second year of the project.

In the framework of USAID CORE project “CHILDHOOD TB CARE BASELINE” on June 17, 2015, the KNCV Benchmarking Tool for Childhood TB Policies and Practice was discussed and filled in during a meeting with the working group of leading pediatric TB experts of Ukraine. The data will be used as a baseline on the situation on childhood TB in-country and will guide the planning of potential childhood TB-related activities in coming CTB project years. The Benchmarking Tool revealed that an important limitation in achieving proper pediatric TB care is a lack of awareness in Ukraine about the global pediatric TB strategy. The working group stressed that there is no national childhood TB working group, that the approach to childhood TB care implemented throughout the country is often outdated and not properly funded, and that primary pediatric providers are not involved in services and not knowledgeable about TB care. Case finding is not well-defined and is very poorly implemented.

Technical and administrative challenges and actions to overcome them:

Administrative challenges.

The award agreement between KNCV and PATH was signed during the first week of April 2015. According to PATH policy, no subagreements can be issued before a donor agreement is executed by both parties. This caused delays in the involvement of the Ukrainian Red Cross Society and with several consultants engaged to support project activities. To mitigate this challenge, the team conducted all preparatory work for the subagreements in advance.

PATH is actively working to sign protocols/memorandums of understanding (MOUs) with project partners. MOUs with the project sites are required both to formalize relationships between PATH and recipients and to adhere to legal requirements for project registration in Ukraine. This process involves USAID, KNCV, PATH headquarters staff, Ukraine health authorities, and project recipients. The involvement of multiple parties slows the process; it also adds the challenge of working within various organizations' requirements, rules, and business practices.

PATH works with the USAID Mission who is representing the international partners to the Ministry of Economy of Ukraine in the registration process in order to harmonize the text of the MOUs.

Technical challenges.

Currently, Ukraine lacks second-line drugs procured by the government. Initially, about 35% of patients on treatment for MDR-TB in Ukraine received medicines under the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grant. The remaining 65% were treated using medicines procured by the National Tuberculosis Program (NTP). Currently the government delayed tenders for drug procurement due to the political turbulence since the last year and as the result there is a stock out of government procured second line drugs in the country. To resolve the problem temporarily, the UCDC allowed drugs procured under the GFATM grant to be used for all patients on treatment, including newly diagnosed patients. By another words, the UCDC allocated drugs procured under the GF across a higher number of patients, which means that Ukraine runs the risk of stock-outs if replacement supplies are not received in time. However, because

the supply of drugs from the NTP is erratic, this reallocation may stretch the GFATM supply thin, creating a risk of treatment interruption for all patients if GFATM stock is exhausted.

To address this challenge CTB project team had a number of meetings with WHO, USAID Mission and other stakeholders and NTP to clarify when the drug procurement might happen. There were number of suggestions to address the immediate needs in the country, including request to USAID and WHO to conduct emergency procurement but after intensive negotiations it was declined. Given that the procurement problems happened above the NTP level CTB project recommended not to enroll new MDR-TB patients into treatment in project sites as well as at the national level. We will continue to monitor the situation.

Other challenges remain the same as noted during previous reporting quarters: treatment monitoring using laboratory tests for side effects management is not followed fully at the inpatient treatment stage, and is very limited at the ambulatory stage of treatment.

Government biochemical and clinical laboratories in general health facilities at the different levels of care have limited technical capacity and inadequate equipment and supplies to conduct the biochemical, hormonal and other tests for MDR-TB patients to prevent/diagnose side effects. Private laboratories are able to conduct some of these tests, but neither the NTP nor patients can cover the cost. There is lack of government and social support for patients; the URC provides support to a limited number of MDR-TB patients, but this support is provided only through GFATM, making it inconsistent and less sustainable.

There is poor organization of infection control at the primary health care level, and poor understanding among providers of the main principles of IC. Mykolaivska oblast has no oblast-level IC plan. At the same time, a lack of understanding of IC, and fear of contracting MDR TB, contribute to stigma against patients on ambulatory treatment in non-TB facilities.

Finally, ongoing political conflict in Ukraine undermines TB care and prevention by damaging the national economy and limiting the attention and priority given to public health. At present, all available resources have been diverted to the conflict and defense activities. A devalued currency, resulting in fewer financial resources overall, together with the flight of profitable businesses from Ukraine, leave few opportunities to advocate for increased spending on TB.

CTB Project continuously discuss with the partners in the project sites how to mitigate the resources and prioritize needs to spend available resources cost-effectively.

2. Year 1 activity progress

Sub-objective 1. Enabling environment							
Planned Key Activities for the Current Year	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014--Mar 2015	Apr--Jun 2015	Jul-Sep 2015	April--June 2015		
Assessment and mapping of existing practices/services of MDR TB case management in project sites.	1.4.1	Discuss Challenge TB sites selection with NTP, USAID Mission, KNCV team, and USAID Global. Assessment conducted.	Report submitted.		The project team prepared a report on the project sites assessments reflecting: the needs of patients, nongovernmental organizations (NGOs), communities, and health facilities in strengthening TB collaborative activities in the project sites and finalized oblasts mapping.	Met	
Development of algorithm of out-patient case management for project sites.	1.4.2	Meetings and working group discussions on the algorithm.	Draft algorithm created.	Final algorithm created in Poltavaska oblast. Draft algorithm in new oblast, to be finalized in Year 2.	<p>The draft algorithm has been developed and pretested in Poltavaska oblast. Two round tables were conducted on May 18–20 and June 24–25 to discuss and adjust the algorithm and to identify barriers to address prior to introduction.</p> <p>Participants emphasized a need to develop concrete patients' pathways at the district/community level to ensure possibility of continuum of care among all health and community organizations involved and to help ensure treatment completion under direct observation (DOT).</p> <p>In Mykolaivska oblast, a working group was formally established by oblast Order #306 on June 3. The group included 14 representatives from TB and primary health care services. During two</p>	Met	

					<p>meetings, the group discussed key barriers and opportunities.</p> <p>Mykolaivska oblast will benefit from using the algorithm developed by the CTB project in Poltavaska oblast, and will review and revise it according their specific needs.</p>		
Design and plan operational research (OR) to assess cost per MDR TB patient	1.4.3		OR protocol and plan drafted.	OR protocol and plan finalized.	<p>The team held a number of discussions with KNCV consultants, NTP, USAID Mission, and USAID HQ staff to explore the research question the CTB project would like to study in Ukraine. During these discussions, the team decided to move away from the initial topic (cost assessment) to avoid duplicate efforts and to align with ongoing health reform that is supposed to change funding models of all health care services, which could cause costing results to be outdated by the time the study is completed.</p> <p>They are now considering an alternative topic. NTP staff have indicated that they have ideas that might address current challenges. For example, they have suggested exploring risk factors for defaulting (dropping out of care or treatment) for both susceptible and MDR-TB patients.</p>	Not met	Please see quarterly milestone description.

Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Advocate to Health care authorities in	3.2.1	Round tables at oblast level conducted.	Round tables at district	Final models available.	During three roundtables convened jointly for 2 cities and 2 districts in Poltavaska oblast, partners,	Met	

project sites for expanding TB services to PHC. Design desired model of collaboration and partner involvement into MDR TB outpatient case management.		Model of collaboration drafted.	level conducted. Model reviewed.		<p>including heads of the districts and cities health departments discussed current interaction and collaboration between different health services, civil society organizations, and other partners involved in developing the oblast-level model.</p> <p>They noted that the model should support and align with the algorithm for MDR TB outpatient case management.</p> <p>To ensure effective collaboration and resource use, the draft model (once developed) will be formalized and approved through an oblast order after the algorithm is finalized.</p> <p>Mykolaivska oblast will conduct round table in July according to the work plan.</p>		
Design desired model of collaboration and partner involvement into MDR TB outpatient case management. Implement community based models of care with support of Ukrainian Red Cross Society (URC) to ensure treatment adherence and completion. Test the possibility of volunteer engagement with MDR TB case	3.2.2	Discussion with URC on the subaward development, budget and scope of work. Fifteen MDR TB patients receive support and care at the outpatient stage of treatment.	Forty MDR TB patients receive support and care at the outpatient stage of treatment.	Seventy-five MDR TB patients total receive support and care at the outpatient stage of treatment.	<p>PATH signed a subaward with the National Committee of the URC and developed a joint plan of action to bolster advocacy and community involvement and to provide support to MDR TB patients at the ambulatory stage of treatment and ensure DOT with the goal to improve MDR TB treatment outcomes.</p> <p>With TB Services, the URC comprised the list of patients who will be supported by URC in Poltavaska and Mykolaivska oblasts, and enrolled the first patients into the program.</p>	Partially met	Subaward signing was delayed due to the delayed PATH/KNCV contract signing. Thus, activities were partially delayed as well. Nevertheless, the collaboration with URC is in good shape and we plan to meet the target by the

management.							end of Year 1.
Development of a list of drugs for side-effects management and check its availability at oblast level.	3.2.3		List of drugs for side-effects mgmt. developed.		List of drugs was developed as part of the side-effects clinical guideline.	Met	
Development of clinical guidelines.	3.2.4		Guidelines for side-effects drafted. MDR case guidelines printed.		Draft guidelines on comprehensive organizational and programmatic management of TB (DR TB) is developed, submitted to the UCDC. According to existing procedure, the guidelines will be reviewed by a formal UCDC working group and, if acceptable, approved for use as national guidelines. The draft was also submitted to KNCV consultant Dr. Maria Idrisova for final review.	Met	
Create TB/diabetes comorbidity profile in project oblasts.	3.2.5		Questionnaire for assessment developed.	Report/discussion paper created.	The CTB project team discussed the TB/diabetes questionnaire and reviewed the overall burden of diabetes among TB cases.	Partially met	The most acute topic was the quality of the registration data: the team found that many TB patients with diabetes were never registered, and were not identified even during the TB diagnostic process.

Sub-objective 5. Infection control							
Planned key activities for the current year	Activity #	Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
		Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Review, and revise if needed, oblast's infection control (IC) plan.	5.1.1	Team for oblast TB infection IC plan development formed at oblast level. Availability of the oblasts' IC plans and implementation of IC measures assessed.	Oblasts' IC plans revised or developed. Updated drafts available.	Drafts of revised plans introduced at oblast meetings.	IC working groups were created in both project oblasts: in Mykolaivska oblast, under the supervision of the Oblast Health Department; and in Poltavka oblast under the Oblast Coordinating Committee on HIV and Other Social Diseases. Both groups discussed approaches to revising the oblasts' IC plans and requested technical assistance from the CTB project to support plan development.	Partially met	At the request of oblast-level partners, the actual revision or development of the oblasts' IC plans was scheduled for Quarter 4.
Review, and revise if needed, oblast TB Dispensary IC plans in project sites.	5.1.2	IC assessment as part of the general assessment.	Updated IC plan available in Poltava oblast TB hospital.	Updated IC plan available in Mykolaivska oblast TB hospital.	In May, the existing Poltavka oblast TB Hospital IC Plan was reviewed and minimally revised. The Mykolaivska oblast IC TB Hospital Plan was reviewed and significantly revised during a two-day workshop (June 29-30). The bulk of the revisions were focused on strengthening administrative control measures, in particular on developing algorithms to guide all high-risk procedures. During the workshop, the team provided technical assistance on IC principles and directions to members of the IC development team.	Met	

Sub-objective 7. Political commitment and leadership							
Planned key activities for the current year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
WHO country NTP review.	7.1.1	Field visits completed.	Report preparation.		<p>The NTP review was conducted on April 14–24, 2015.</p> <p>The project team participated in round tables on the planning of the review. Four representatives from the CTB project were included in review teams (PATH staff Aleksey Bogdanov, Nina Zhrebko, Tamara Ivanenko, and KNCV consultant Gunta Dravniece).</p> <p>The draft report is now ready and available to partners.</p>	Met	
MDR TB national scale-up plan.	7.1.2		Review of the tool. Collaboration with NTP on data collection.	Working group formed for development of draft MDR TB plan.	<p>PATH had a few meetings with NTP to discuss proper planning for development of the MDR TB national plan. NTP is the key stakeholder in this work and requested that the activity be postponed until work begins on the new five-year National TB Program (scheduled for October 2015).</p> <p>PATH received an official letter from the UCDC requesting that PATH facilitate and lead the development of the MDR TB plan.</p>	Not met	At the request of UCDC, plan development was postponed until National TB Program development start-up in October 2015.
Project launch at national level.	7.2.1	National launch event conducted ~February 24.			Postponed to July, Quarter 4.	Not met	At the request of UCDC, the project launch was rescheduled to July 8, 2015. The reason was overlap between the launch and other scheduled

							national events that involved the same partners and stakeholders. The project coordinated the date change with the USAID Mission.
Stakeholders meetings in project sites.	7.2.2		Two oblast-level launch meetings conducted.		<p>The official launch of the Challenge TB project took place in Poltavaska oblast on April 8 and Mykolaivska April 28.</p> <p>Officials from the national and oblast level participated in launch activities and acknowledged the high importance of the CTB project strategy and activities for TB control in Ukraine.</p>	Met	
National conference on MDR TB case mgmt. at inpatient and outpatient stages.	7.2.3	March 26, 2014 presentations.				Met	Reported in Quarters 1 and 2.

Sub-objective 11. Human resource development							
Planned key activities for the current year		Planned Milestones			Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone or other key information)
	Activity #	Oct 2014-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	April – June 2015		
Curricula development for MDR TB case management training.	11.1.1	First draft curriculum developed.	Curriculum is finalized and available for trainings.		<p>During the reporting period, PATH and consultants finalized a comprehensive training curriculum on TB case management in compliance with the newest WHO guidelines and recommendations and Ukrainian national policies, guidelines, and regulations (in particular, the TB protocol approved in 2014 by Order #620).</p> <p>PATH staff and local Ukrainian consultants used the curriculum to train TB providers in project sites.</p> <p>The curriculum is versatile and can be tailored to the needs of particular audiences within project components. These include the following: TB providers, infection specialists of AIDS centers, primary health care providers, nurses of TB hospitals, DOTs offices, family ambulances, URC nurses, and others.</p> <p>The curriculum will be proofread, sent for approval to KNCV, and shared with all partners in Ukraine.</p>	Met	This curriculum was requested by UCDC to train TB providers under the GFATM grant.
Trainings on MDR TB case management.	11.1.2		Forty providers trained.		<p>During the reporting period, the team conducted two five-day trainings, reaching 43 TB providers.</p> <p>The first training was conducted on May 18–22 for 18 providers from Mykolaivska oblast. The second was conducted on June 15–19 for 25 providers (20</p>	Met	During trainings, the draft curricula was pretested and adjusted according to

					from Mykolaivska oblast and 5 from Poltavska oblast).		recommendations from participants and pre-/post-test results.
On-job workshop for MDR TB Central Doctor Consultative Commission (CDCC) members.	11.1.3		Members of the CDCC in the new oblast trained.		<p>The workshop was conducted on June 11–12 for 18 members of CDCC.</p> <p>The deputy head of UCDC, Dr. Olga Pavlova, and UCDC specialist Dr. Olena Dyuzheva participated in the workshop.</p> <p>The workshop outlined and analyzed common mismanagement issues and mistakes in MDRTB diagnostic and treatment prescriptions, and provided detailed recommendations.</p>	Met	MDR TB Central Doctor Consultative Commission (CDCC) is the oblast level body in charge of control of all MDR TB case management in the oblast according to the Ukraine National TB Protocol (Order #620)
Training for PHC, URC, and NGOs in MDR TB case management at ambulatory stage.	11.1.4		Forty providers trained.		At the request of Mykolaivska oblast partners, trainings were rescheduled to Quarter 4 due to the heavy workload of CTB project activities in Quarter 3.	Not met	Please see quarterly milestone description
Study tour.	11.1.5	Planning of the study tour in collaboration with the Riga WHO Collaborative MDR/XDR-TB training center.	Selection of the tour participants, logistic preparation.	Study tour conducted.	The project planned a study tour of the WHO Collaborating Centre for Research and Training in Management of Multidrug-Resistant Tuberculosis. Selection of the tour participants was made. The tour (will be conducted from July 13 to 24, 2015) include partners from project oblasts, including oblast health department leadership and representatives from TB hospitals and primary health care clinics (together a team of 15 Ukrainian health care providers). In preparation, the team drafted and finalized a training agenda with the	Met	

					input of participants, selected tour participants, obtained visas, and organized travel and other logistics.		
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3. Challenge TB's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name of grant & principal recipient (<i>i.e.</i> , <i>Tuberculosis NFM - MoH</i>)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
Joint TB/HIV Grant	n/a	n/a	US\$133,508,128	US\$14.3m	
UKR-C-AUA – Ukraine PR: INTERNATIONAL HIV/AIDS ALLIANCE, UKRAINE	n/a	n/a	US\$68,799,281 (signed) US\$37,265,430 (committed)	US\$3,994,570	
UKR-C-AUN – Ukraine PR: ALL-UKRAINIAN NETWORK OF PEOPLE LIVING WITH HIV/AIDS	n/a	n/a	US\$60,406,308 US\$33,121,539	US\$10,236,665	
UKR-C-UCDC – Ukraine PR: UKRAINIAN CENTER FOR SOCIALLY DANGEROUS DISEASE CONTROL OF THE MINISTRY OF HEALTH	n/a	n/a	US\$4,302,539 US\$1,271,648	US\$50,000	

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Ukraine is currently implementing a joint TB and HIV grant for 2015–2017, which combines the activities included in an HIV round 10 proposal and a TB round 9 proposal. The grant is being managed by three principal recipients: the Ukrainian Center for Socially Dangerous Diseases Control of the Ministry of Health of Ukraine, All-Ukrainian Network of People Living with HIV/AIDS (PLWHA Network), and International HIV/AIDS Alliance in Ukraine. The proposed grant is expected to partially fill the weaknesses and gaps of the state-funded National AIDS Program 2014–2018 and the National TB Program 2012–2016.

Initially, technical assistance to improve the TB response was all-but omitted in the grant. The grant focused activities on the procurement of second-line drugs and diagnostic supplies. It included minimum support for capacity-building and technical assistance in other areas.

Grant implementation began on January 1, 2015. During the first and second quarter of 2015, activities were focused on selection of sub recipients; development and signing subawards, technical and financial management negotiations with GFATM; and other start-up work.

The work plan was later revised to strengthen technical assistance to TB providers, including capacity-building and patient support during treatment. A plan to create six centers to conduct trainings for TB providers was introduced to, and approved by, GFATM. These centers will be in Dnipropetrovsk, Kharkiv, Lviv, Kyiv, Vinnytsya and Zaporizhzhya. Thus, grant activities going forward will focus on providing technical assistance and capacity-building for TB providers.

Primary health care providers will not be involved in grant implementation, and the comprehensive ambulatory case management approach will not be directly strengthened under this grant.

To ensure support to patients for treatment adherence, two grant subrecipients have been identified and approved: the PLWHA Network, to support patients with drug-sensitive tuberculosis, and the Ukrainian Red Cross, to support patients with MDR TB. MDR TB patients receiving treatment under the GFATM grant (approximately 35% of all MDR TB patients), will be supported by the URC. Patients with the sensitive TB will be supported by the PLWHA Network.

The State Penitentiary Service of Ukraine was approved as the subrecipient for TB case management activities in prisons, as it was defined in the grant concept note.

Currently the rating of the grant was changed in the official GFATM website comparing to the April 2015 and marked as n/a.

Challenge TB & Global Fund: Challenge TB involvement in Global Fund support or implementation, any actions taken during this reporting period

The CTB project team participated in a number of meetings and consultant communications with the UCDC (GF principal recipient) during the reporting period. The purpose was to ensure coordination of project activities with NTP priorities, and with national- and regional-level interventions, under the GFATM grant to avoid duplication of efforts and overlapping of activities.

PATH representatives participated in the United States Government/GFATM joint partner meeting conducted on June 19, 2015. At this meeting, participants presented and discussed proposed Country Operation Plan (COP) indicators from National indicator list and targets for 2016. They also discussed the main shift from COP14 to COP15. The focus was made on sustainability.

PATH also coordinated a CTB project training plan to support the GFATM grant vision of capacity-building and training for TB providers. In addition, UCDC formally requested that the CTB project develop a curriculum for GFATM trainings. After final approvals, the curriculum will be provided to GFATM.

At the regional level, the CTB project monitored the support provided to drug-sensitive TB patients by regional PLWHA Network organizations. The GFATM grant funds these organizations with the goal of improving and ensuring treatment completion. PATH noted gaps in the quality and reach of support, and shared this concern with the UCDC. In particular, very few patients are actually being supported, and although TB drugs are distributed, DOT is not always ensured.

Finally, the CTB project team conducted meetings with Ukrainian Red Cross regional units and TB Services to discuss the selection of patients participating in MDR TB activities to avoid overlapping with the GFATM grant. As was reflected in the plan CTB project supports MDR-TB patients who receive treatment under NTP procured drugs through the URC. Thorough selection of patients is conducted and monitored to avoid duplication with the GF supported patients.

5. Success Stories – Planning and Development

Planned success story title:	Back to treatment or back to life?
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	<p>In the project oblasts, primary health care providers lack the confidence to take on ambulatory treatment of MDR TB patients. Stigma and misconceptions related to MDR-TB remain high among primary health care staff. They lack the skills and experience to treat MDR TB patients, track their progress, and manage side effects. Treatment is often complicated by multiple co-morbidities, including HIV and drug use.</p> <p>By the end of the year, the project will work with these primary health care providers to build their ability to provide competent, compassionate, and patient-centered care to MDR-TB patients on an ambulatory basis. This will allow patients greater access to care, a higher quality of care, and care that meets their particular needs in alignment with health reforms that promote ambulatory services. The success story will describe greater satisfaction among providers and patients and less loss to follow-up among MDR TB patients.</p>
Status update: Any updates on the story as from Q2 to Q3?	

6. MDR TB cases detected and initiating second line treatment in country

Quarter	Number of MDR TB cases detected	Number of MDR TB cases put on treatment	Comments
Total 2010	6,055	3,870	<p>Data are as reported to WHO. http://apps.who.int/gho/data/node.main.MDRTB?lang=en 2014 data are NTP official data; WHO TB data are not available yet. Data for the period of Jan-Mar 2015 are under collection at the moment. Number of MDR-TB cases detected in 2014 is lower than in 2013 mostly because cases from Crimea and parts of Donetsk and Lugansk oblasts were not included.</p>
Total 2011	4,530	4,957	
Total 2012	7,615	7,672	
Total 2013	10,585	9,000	
Total 2014	7,855	7,540	
Jan-Mar 2015			
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

7. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additional Remarks (Optional)
1	PATH		Lal Sadasivan	HQ Technical supervision; Y1 work plan development	December, 2014	Complete	12/7/2014 12/13/2014	6	Choose an item.	Choose an item.	Choose an item.	Year 1 work plan developed and submitted
2	KNCV		Natalia Andreeva	HQ Technical supervision; Y1 work plan development	December, 2014	Complete	12/7/2014 12/13/2014	6	Choose an item.	Choose an item.	Choose an item.	Year 1 work plan developed and submitted
3	KNCV		Svetlana Pak	HQ Technical supervision; Y1 work plan development	December, 2014	Complete	12/7/2014 12/13/2014	6	Choose an item.	Choose an item.	Choose an item.	Year 1 work plan developed and submitted
4	KNCV		Ersin Topcuoglu	HQ Technical supervision; Y1 work plan development	December, 2014	Complete	12/7/2014 12/10/2014	3	Choose an item.	Choose an item.	Choose an item.	Year 1 work plan developed and submitted
5	KNCV		Maria Idrisova	Provide technical assistance to NTP in preparation and development of a clinical guideline for side-effect management in accordance with	March, 2015	Complete	April 13 – 21, 2015	7	No	Yes	No	

				WHO recommendations								
6	KNCV		Gunta Dravniece	WHO NTP review	Apr, 2015	Complete	04/13/2015 04/21/2015	9	No	Yes	No	WHO NTP Review draft available
7	PATH		Kateryna Gamazina	17th Wolfheze Workshops and 13th WHO National TB Programme Managers' Meeting; CTB County Directors meeting		Complete	05/26/2015 06/06/2015	11	Choose an item.	Choose an item.	Choose an item.	
8	PATH		Aleksey Bogdanov	17th Wolfheze Workshops and 13th WHO National TB Programme Managers' Meeting; CTB County Directors meeting		Complete	05/26/2015 06/06/2015	11	Choose an item.	Choose an item.	Choose an item.	
9						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
10						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
11						Choose an item.			Choose an item.	Choose an item.	Choose an item.	

12						Choose an item.			Choose an item.	Choose an item.	Choose an item.	
Total number of visits conducted (cumulative for fiscal year)							8					
Total number of visits planned in approved workplan							14					
Percent of planned international consultant visits conducted							57%					